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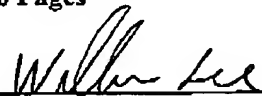
NOTES/COMMENTS:

In re Application of: *Stamford et al.*
For Patent For: Heteroaryl Urea Neuropeptide Y Y5 Receptor Antagonists
Group Art Unit: 1624
Attorney Docket No.: CN01367K; US Serial No.: 10/026,651
Filed: 12/18/2001

Dear Examiner Balasubramanian:

Transmitted here with are:

- > Fax Cover Sheet - 1 Page
- > Response Transmittal - 1 Page
- > Petition for Extension of time (1 Months) - 1 Page in duplicate
- > Amendment in Response to Examiner's Letter - 20 Pages


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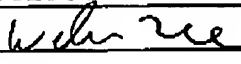
PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/026,651	
	Filing Date	12/18/2001	
	First Named Inventor	Stamford et al.	
	Art Unit	1624	
	Examiner Name	Balasubramanian	
Total Number of Pages in This Submission	24	Attorney Docket Number	CN01367K

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet - 1 Page
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